INTERNET FORM NLRB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
	=

Case

27-CA-273705

Date Filed 03/04/2021

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. a. Name of Employer (719) 557-5141 Centura Health/St. Mary Corwin Medical Center c. Cell No. f. Fax No. d. Address (Street, city, state, and ZIP code) e. Employer Representative g. e-Mail 1008 Minnequa Ave Cecilia Trujillo ceciliatrujillo@centura.org **Human Resources Director** CO Pueblo 81004 h. Number of workers employed 152 i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Healthcare Facilities Healthcare k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) --See additional page--

3. Full name of party filling charge (if labor organization, give full name, including local name and number)	
Katie Romich Title:	
Communications Workers of America, AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code)	4b. Tel. No. (303) 770-2822
8085 E Prentice Ave	4c. Cell No.
CO Greenwood Village 80111	4d. Fax No.
	4e. e-Mail
	kromich@cwa-union.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor

organization) 6 DECLARATION Tel. No.

Ιd	leclare that I have read the above charge and that the state	
Ву	(signature of representative or person making charge)	William Reinken Title: (Print/type name and title or office, if any)

Office, if any, Cell No. Fax No. e-Mail

(303) 721-7399

Address Greenwood Village CO 80111

8085 E Prentice Ave 03/04/2021 09:06:23 PM (date)

wreinken@cwa-union.org

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# Basis of the Charge 27-CA-273705 03/04/2021

#### 8(a)(3)

Within the previous six months, the Employer disciplined or retaliated against an employee(s) because the employee(s) joined or supported a labor organization and in order to discourage union activities and/or membership.

Name of employee disciplined/retaliated against	Type of discipline/retaliation	
(b) (6), (b) (7)(C)	Verbal Discipline	<sup>©)(©, ©)(7)</sup> 2021

#### 8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by promising better working conditions if employees did not join or support a union.

Name of Employer's Agent/Representative who made the statement	Approximate date	
(b) (6), (b) (7)(C)	02/24/2021	
Other Non-BU/Management Employees	02/24/2021	

#### 8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by interrogating employees about their union activities

Name of Employer's Agent/Representative who made the statement	Approximate date
(b) (6), (b) (7)(C)	02/24/2021
Other Non-BU/Management Employees	02/24/2021

#### 8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by maintaining work rules that prevent or discourage employees from engaging in protected concerted activities.

Work Rule
Disparate application of non-solicitation rule

#### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees.

#### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
Disregarding Article 23, Section 4	03/04/2021

# 27-CA-273705 03/04/2021

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining

representative of its employees by failing to furnish information requested by the union.

Date of request	Employer representative	List items requested	Date refused
02/27/2021	(b) (6), (b) (7)(C)	Contact Info for BU Members	03/04/2021



REGION 27 Byron Rogers Federal Office Building 1961 Stout Street, Suite 13-103 Denver, CO 80294

Agency Website: www.nlrb.gov Telephone: (303)844-3551 Fax: (303)844-6249 Download NLRB Mobile App

March 5, 2021

Cecilia Trujillo, Human Resources Director Centura Health/St. Mary Corwin Medical Center 1008 Minnequa Avenue Pueblo CO 81004

Re: Centura Health/

St. Mary Corwin Medical Center

Case 27-CA-273705

Dear Ms. Trujillo:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney JULIA M. DURKIN whose telephone number is (720)598-7403. If this Board agent is not available, you may contact Supervisory Field Examiner MATTHEW S. LOMAX whose telephone number is (720)598-7405.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor requests to limit our use of position statements or evidence. Specifically, any material you submit may be introduced as evidence at a hearing before an administrative law judge regardless of claims of confidentiality. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Further, the Freedom of Information Act may require that we disclose position statements or evidence in closed cases upon request, unless an exemption applies, such as those protecting confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence:</u> All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not

have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

PAULA S. SAWYER Regional Director

Paula S. Samper

#### Enclosures:

- 1. Copy of Charge
- 2. Commerce Questionnaire

FORM NLRB-5081 (3-11)	NATIONAL LABOR RELA	ATIONS BOARD			
	ONNAIRE ON COMME	RCE INFORMATION			
Please read carefully, answer all applicable items, and re			age and id	lentify item number.	
CASE NAME		, , , , , , , , , , , , , , , , , , ,		NUMBER	
			27-CA-	273705	
1. EXACT LEGAL TITLE OF ENTITY (As filed w	rith State and/or stated in legal	documents forming entity)			
2. TYPE OF ENTITY					
[] CORPORATION [] LLC [] LLP [	] PARTNERSHIP [ ] SOLI	E PROPRIETORSHIP [ ] OTH	ER (Spec	cify)	
3. IF A CORPORATION or LLC					
A. STATE OF INCORPORATION	B. NAME, ADDRESS, AND	RELATIONSHIP (e.g. parent, subst	idiary) O	F ALL RELATED EN	VTITIES
OR FORMATION					
4. IF AN LLC OR ANY TYPE OF PARTNERSHI	P, FULL NAME AND ADDRI	ESS OF ALL MEMBERS OR PAR	TNERS		
	,				
5. IF A SOLE PROPRIETORSHIP, FULL NAME	AND ADDRESS OF PROPRI	ETOR			
				-	
6. BRIEFLY DESCRIBE THE NATURE OF YOU	JR OPERATIONS (Products he	andled or manufactured, or nature of	services	performed).	
7A. PRINCIPAL LOCATION:	7B. BRANC	H LOCATIONS:			
8. NUMBER OF PEOPLE PRESENTLY EMPLO	YED				
A. TOTAL:	B. AT THE ADDRESS INVO				
A. TOTAL:  9. DURING THE MOST RECENT (Check the app			AL YEA		)   NO
9. DURING THE MOST RECENT (Check the app	ropriate box): [ ] CALENDAR	R []12 MONTHS or []FISC		AR (FYDATES YES	) NO
DURING THE MOST RECENT (Check the app  A. Did you provide services valued in excess of \$50,0  \$	ropriate box): [ ] CALENDAE	e your State? If no, indicate actual va	lue.		) NO
DURING THE MOST RECENT (Check the app      A. Did you provide services valued in excess of \$50,0     \$	ropriate box): [ ] CALENDAE  Output  Control  Co	e your State? If no, indicate actual vacustomers in your State who purchase	lue.		) NO
DURING THE MOST RECENT (Check the app      A. Did you provide services valued in excess of \$50,0     \$	ropriate box): [ ] CALENDAE  Output  Control  Co	e your State? If no, indicate actual vacustomers in your State who purchase	lue.		) NO
DURING THE MOST RECENT (Check the app      A. Did you provide services valued in excess of \$50,0     \$	ropriate box): [ ] CALENDAE  Output directly to customers outside  s valued in excess of \$50,000 to ttside your State? If no, indicate	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you	lue. sed		) NO
DURING THE MOST RECENT (Check the app      A. Did you provide services valued in excess of \$50,0      \$	propriate box): [ ] CALENDAE  Output directly to customers outside  s valued in excess of \$50,000 to  tiside your State? If no, indicate  services valued in excess of \$50	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you	lue.		) NO
DURING THE MOST RECENT (Check the app      Did you provide services valued in excess of \$50,0     \$	propriate box): [ ] CALENDAE  Outline of the control of the contro	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerns.	lue.		) NO
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAE  Outline of the control of the contro	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerns.	lue.		) NO
DURING THE MOST RECENT (Check the app      Did you provide services valued in excess of \$50,0     \$	propriate box): [ ] CALENDAR COORDINATE CONTROL CONTRO	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concern e your State? If less than \$50,000, in	lue.		) NO
Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAR COMMERCE C	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail conce e your State? If less than \$50,000, in or customers located inside your State.	sed sems?		) NO
D. Did you provide services valued in excess of \$50,0 \$	ropriate box): [ ] CALENDAR  000 directly to customers outside s valued in excess of \$50,000 to tiside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outsid d in excess of \$50,000 directly to from directly outside your State	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, in occustomers located inside your State? If less than \$50,000, indicate amo	sed sems?		NO
D. Did you provide services valued in excess of \$50,0 \$	ropriate box): [ ] CALENDAR  000 directly to customers outside s valued in excess of \$50,000 to tiside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outsid d in excess of \$50,000 directly to from directly outside your State	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, in occustomers located inside your State? If less than \$50,000, indicate amo	sed sems?		) NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAR CONTROL C	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concern your State? If less than \$50,000, in customers located inside your State? If less than \$50,000 indicate amountside your State? If less than \$50,000 indicate actual your State?	sed sems?		NO
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAE  Output description of the control of	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concere your State? If less than \$50,000, in concustomers located inside your State? If less than \$50,000 indicate amount is ide your State? If less than \$50,000 who received the goods directly from	sed sems?		NO
A. Did you provide services valued in excess of \$50,0 \$	ropriate box): [ ] CALENDAE  000 directly to customers outside s valued in excess of \$50,000 to ttside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outside d in excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly out cess of \$50,000 from enterprises indicate amount. \$  Services (Check the largest amount)	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concere your State? If less than \$50,000, in concustomers located inside your State? If less than \$50,000 who received the goods directly from the pount)	sed sems?		NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAE  Outline of \$50,000 to to tiside your State? If no, indicate services valued in excess of \$50,000 to taking your State? If no, indicate services valued in excess of \$50,000 directly to customers located outside din excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly outside services of \$50,000 from enterprises and the services (Check the largest and [ ] \$1,000,000 or more If less	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concere your State? If less than \$50,000, in concustomers located inside your State? If less than \$50,000 who received the goods directly from the pount)	sed sems?		NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAE  Outline of the control of the contro	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you 2,000 to public utilities, transit system ducational institutions, or retail concern your State? If less than \$50,000, in customers located inside your State? If less than \$50,000 indicate amount side your State? If less than \$50,000 who received the goods directly from than \$100,000, indicate amount.	sed sed sems? dicate who unt.	YES	
Puring the Most recent (Check the app  A. Did you provide services valued in excess of \$50,0 \$  B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly our provided. \$  C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting sif less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 directly our purchased other goods valued in excess of \$50,000 \$  F. Did you purchase and receive goods valued in exindicate amount. \$  G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in the control of th	propriate box): [ ] CALENDAE  Outline of the control of the contro	e your State? If no, indicate actual vacustomers in your State who purchase the value of any such services you 2,000 to public utilities, transit system ducational institutions, or retail concern your State? If less than \$50,000, in customers located inside your State? If less than \$50,000 indicate amount side your State? If less than \$50,000 who received the goods directly from than \$100,000, indicate amount.	sed sed sems? dicate who unt.	YES	
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [ ] CALENDAE  Outline of \$50,000 to to tiside your State? If no, indicate services valued in excess of \$50,000 to taking your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, exceptly to customers located outside d in excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly outside your State cess of \$50,000 from enterprises and cate amount. \$	e your State? If no, indicate actual variation of any such services you 2,000 to public utilities, transit system ducational institutions, or retail concern e your State? If less than \$50,000, in customers located inside your State? If less than \$50,000, indicate amount side your State? If less than \$50,000 who received the goods directly from than \$100,000, indicate amount.	llue. sed sed sems? dicate who unt. 0,	YES	

NAME AND TITLE (Type or Print) SIGNATURE E-MAIL ADDRESS DATE

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

## **UNITED STATES OF AMERICA**

## BEFORE THE NATIONAL LABOR RELATIONS BOARD

<b>CENTURA</b>	HEALTH/ST.	MARY	CORWIN
MEDICAL	CENTER		

**Charged Party** 

and

Case 27-CA-273705

COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO

**Charging Party** 

#### AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, state under oath that on March 5, 2021, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

Cecilia Trujillo, Human Resources Director Centura Health/ St. Mary Corwin Medical Center 1008 Minnequa Avenue Pueblo CO 81004

March 5, 2021	Caroline Barker, Designated Agent of NLRB
Date	Name
	/s/ Caroline Barker
	Signature



Download

REGION 27 Byron Rogers Federal Office Building 1961 Stout Street, Suite 13-103 Denver, CO 80294

Agency Website: www.nlrb.gov Telephone: (303)844-3551 Fax: (303)844-6249 Download NLRB Mobile App

March 5, 2021

Katie Romich, Union Representative Communications Workers of America, AFL-CIO 8085 East Prentice Avenue Greenwood Village CO 80111

Re: Centura Health/

St. Mary Corwin Medical Center

Case 27-CA-273705

Dear Ms. Romich:

The charge that you filed in this case on March 04, 2021 has been docketed as case number 27-CA-273705. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney JULIA M. DURKIN whose telephone number is (720)598-7403. If this Board agent is not available, you may contact Supervisory Field Examiner MATTHEW S. LOMAX whose telephone number is (720)598-7405.

<u>Right to Representation</u>: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you

fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence</u>: All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

PAULA S. SAWYER

Paula S. Sanger

Regional Director

cc: Wil

William Reinken, Attorney Rosenblatt & Gosch PLLC 8085 East Prentice Avenue Greenwood Village CO 80111

## NATIONAL LABOR RELATIONS BOARD

#### NOTICE OF APPEARANCE

Centura Health/St. Mary Corwin Medical Center		
	CASE 27-CA-273705	
and Communications Workers of America, AFL-CIO	CASE 21-GA-213103	
REGIONAL DIRECTOR   EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Washington, DC 20570	GENERAL COUNSEL  NATIONAL LABOR RELATIONS BOARD  Washington, DC 20570	
THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATI	IVE OF	
Centura Health/St. Mary Corwin Medical Center, 1001 Minnequ	a Ave., Pueblo, CO 81004	
IN THE ABOVE-CAPTIONED MATTER.		
CHECK THE APPROPRIATE BOX(ES) BELOW:		
REPRESENTATIVE IS AN ATTORNEY		
IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE THAT THE PARTY MAY RECEIVE COPIES OF CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN ADDITION TO THOSE DESCRIBED BELOW, THIS BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY WILL RECEIVE ONLY COPIES OF CERTAIN DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMENTS AS DESCRIBED IN SEC. 11842.3 OF THE CASEHANDLING MANUAL.		
(REPRESENTATIVE INFORM	MATION)	
NAME: James S. Korte, Esq.		
MAILING ADDRESS: Sherman & Howard L.L.C., 633 Seventeenth Street, Suite 3000, Denver, CO 80202		
E-MAIL ADDRESS: jkorte@shermanhoward.com		
OFFICE TELEPHONE NUMBER: (303) 297-2900		
CELL PHONE NUMBER:	<sub>FAX:</sub> (303) 298-0940	
SIGNATURE;		
(Please sign in ink.) DATE: 03/08/2021		

 $<sup>^{\</sup>rm 1}$  IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

## NATIONAL LABOR RELATIONS BOARD

#### NOTICE OF APPEARANCE

Centura Health/St. Mary Corwin Medical Center		
and a	CASE 27-CA-273705	
and Communications Workers of America, AFL-CIO	CASE 27-0A-273703	
REGIONAL DIRECTOR  EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Washington, DC 20570	GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD Washington, DC 20570	
THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT	IVE OF	
Centura Health/St. Mary Corwin Medical Center, 1001 Minnequ	a Ave., Pueblo, CO 81004	
IN THE ABOVE-CAPTIONED MATTER.		
CHECK THE ADDROBBLATE DOV(ES) DELOW.		
CHECK THE APPROPRIATE BOX(ES) BELOW:  DEPRESENTATIVE IS AN ATTORNEY		
REPRESENTATIVE IS AN ATTORNEY		
IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY V DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL.	ADDITION TO THOSE DESCRIBED BELOW, THIS VILL RECEIVE ONLY COPIES OF CERTAIN	
(REPRESENTATIVE INFOR	MATION)	
Patrick R. Scully, Esq.		
MAILING ADDRESS: Sherman & Howard L.L.C., 633 Seventeenth Street, Suite 3000, Denver, CO 80202		
E-MAIL ADDRESS: pscully@shermanhoward.com		
OFFICE TELEPHONE NUMBER: (303) 297-2900		
CELL PHONE NUMBER:	<sub>FAX:</sub> (303) 298-0940	
SIGNATURE: (Please sign in ink.)		
DATE: 03/08/2021		

 $<sup>^{\</sup>rm 1}$  IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# FIRST AMENDED CHARGE AGAINST EMPLOYER INSTRUCTIONS:

Greenwood Village, CO 80111

DO NOT WRITE IN THIS SPACE

Case Date Filed

27-CA-273705 04/14/2022

kromich@cwa-union.org

File an original with NLRB Regional Director for Interegion in which the alleged untall labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer CATHOLIC HEALTH INITIATIVES COLORADO d/b/a Centura Health-St. Mary (719)557-5141 Corwin Medical Center c. Cell No. d. Address (Street, city, state, and ZIP code) e. Employer Representative f. Fax No. 1008 Minnequa Avenue, Pueblo, CO Cecilia Trujillo 81004 Human Resources Director g e-mail ceciliatrujillo@centura.org h. Number of Workers Employed ~ 150 I Identify Principal Product or Service i. Type of Establishment (factory, mine. wholesaler, etc.) Healthcare Facilities Healthcare 1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1), (3), and (5) and of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unlair labor practices are practices affecting commerce within the meaning of the Act and the Postal Rhorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alloged unfair labor practices) SEE ATTACHMENT 3. Full name of party filing charge (if labor organization, give full name, including local name and number) Communications Workers of America, AFL-CIO 4a Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (303)770-2822 8085 East Prentice Avenue, Greenwood Village, CO 80111 4c. Cell No. 4d Fax No 4e. e-mail kromich@cwa union.org 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION Tel. No. I declare that I have read the above charge and that the statements are true to the best of my (303)770-2822 knowledge and belief. Office, if any, Cell No. Katie Romich Union 720-469-0658 Representative (Signature of representative or person making charge) (Print/type name and title or office, if Fax No. any) Date n-mall Address. 8085 East Prentice Avenue.

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

4/14/22

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S. C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

CATHOLIC HEALTH INITIATIVES COLORADO d/b/a Centura Health - St. Mary Corwin Medical Center Case 27-CA-273705 04/14/2022

First Amended Charge Against Employer

#### ATTACHMENT

#### 8(a)(1)

The Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act including by instructing employees that they cannot talk about the Union at work and by threatening employees with discipline and reassignment if they talk about the Union at work.

Name of Employer's Agent/Representative who made the	Approximate date
(b) (6), (b) (7)(C)	About (2021

#### 8(a)(1)

The Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act including by promising better working conditions if employees did not join or support a union, soliciting employee signatures on a petition to decertify the Union, and providing more than mere ministerial aid to employees soliciting signatures on a petition to decertify the Union.

Name of Employer's Agent/Representative who made the statement	Approximate date
(b) (6), (b) (7)(C)	About 02/24/2021 through 2/26/2021
Other Non-BU/Management Employees	About 02/24/2021 through 2/26/2021

#### 8(a)(1)

The Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act including by maintaining work rules that prevent or discourage employees from engaging in protected concerted activities.

Work Rule	
Disparate application of non-solicitation rule	



Download

REGION 27 Byron Rogers Federal Office Building 1961 Stout Street, Suite 13-103 Denver, CO 80294

Agency Website: www.nlrb.gov Telephone: (303)844-3551 Fax: (303)844-6249 Download NLRB Mobile App

April 21, 2022

Cecilia Trujillo, Human Resources Director Catholic Health Initiatives Colorado 1008 Minnequa Avenue Pueblo CO 81004

> Re: Catholic Health Initiatives Colorado dba Centura Health-St. Mary Corwin Medical Center Case 27-CA-273705

Dear Ms. Trujillo:

Enclosed is a copy of the second amended charge that has been filed in this case.

<u>Investigator</u>: This charge is being investigated by Field Attorney JULIA M. DURKIN whose telephone number is (720)598-7403. If the agent is not available, you may contact Supervisory Field Examiner MATTHEW S. LOMAX whose telephone number is (720)598-7405.

<u>Presentation of Your Evidence</u>: As you know, we seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations in the second amended charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Procedures</u>: Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site (www.nlrb.gov). You must e-file all documents electronically or provide a

written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its determination on the merits solely based on the evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

If the Agency does not issue a formal complaint in this matter, parties will be notified of the Regional Director's decision by email. Please ensure that the agent handling your case has your current email address.

Very truly yours,

PAULA S. SAWYER

Yank S. Sanger

Regional Director

Enclosure: Copy of second amended charge

cc: Patrick R. Scully, Attorney Sherman & Howard LLC 633 17<sup>th</sup> Street Suite 3000 Denver CO 80202

> James S. Korte, Attorney Sherman & Howard LLC 675 Fifteenth Street Suite 2300 Denver CO 80202

## **UNITED STATES OF AMERICA**

## BEFORE THE NATIONAL LABOR RELATIONS BOARD

CATHOLIC HEALTH INITIATIVES
COLORADO dba CENTURA HEALTH-ST.
MARY CORWIN MEDICAL CENTER

**Charged Party** 

Charged 1 art

and

COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO

**Charging Party** 

Case 27-CA-273705

#### AFFIDAVIT OF SERVICE OF SECOND AMENDED CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on April 21, 2022, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

Cecilia Trujillo, Human Resources Director Catholic Health Initiatives Colorado 1008 Minnequa Avenue Pueblo CO 81004

James S. Korte, Attorney Sherman & Howard LLC 675 Fifteenth Street Suite 2300 Denver CO 80202

April 21, 2022	Caroline Barker, Designated Agent of NLRB
Date	Name
	/s/ Caroline Barker
	Signature



Download

REGION 27 Byron Rogers Federal Office Building 1961 Stout Street, Suite 13-103 Denver, CO 80294

Agency Website: www.nlrb.gov Telephone: (303)844-3551 Fax: (303)844-6249 Download NLRB Mobile App

April 21, 2022

Katie Romich, Union Representative Communications Workers of America, AFL-CIO 8085 East Prentice Avenue Greenwood Village CO 80111

> Re: Catholic Health Initiatives Colorado dba Centura Health-St. Mary Corwin Medical Center Case 27-CA-273705

Dear Ms. Romich:

We have docketed the second amended charge that you filed in this case.

<u>Investigator</u>: This charge is being investigated by Field Attorney JULIA M. DURKIN whose telephone number is (720)598-7403. If the agent is not available, you may contact Supervisory Field Examiner MATTHEW S. LOMAX whose telephone number is (720)598-7405.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. If you have additional evidence regarding the allegations in the second amended charge and you have not yet scheduled a date and time for the Board agent to obtain that evidence, please contact the Board agent to arrange to present that evidence. If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Procedures:</u> Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the

Agency's web site (www.nlrb.gov). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its determination on the merits solely based on the evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

If the Agency does not issue a formal complaint in this matter, parties will be notified of the Regional Director's decision by email. Please ensure that the agent handling your case has your current email address.

Very truly yours,

PAULA S. SAWYER Regional Director

cc: William Reinken, Attorney
Rosenblatt & Gosch PLLC
8085 East Prentice Avenue
Greenwood Village CO 80111